

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000600001		CITY OR TOWN	ACTON	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: PO'S BARBECUE	LLC			
DOING BUSINESS A PO'S BARBECU	E			
ADDRESS 624 MAIN STREET				
CITY/TOWN: ACTON	STATE: MA	ZIP CODE:	01720	
MANAGER: PAI, PO P. TYPE	PE OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISSIONE FRONT IN THE ACTON WOOD I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for SIGNED BY	DS PLAZA TO BE U of perjury that: the same type for the all laws of the Comm	SED FOR BARBEO same premises now nonwealth relating to in below)	licensed;	
DATE: TELEPHON	E NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)	
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head	of the fire departn	nent for the above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS	ING AUTHORITY	
DATE:				



www.mass.gov/abcc

Annual	LICENSED FOR 2013
CLASS	YEAR
ANT CORP	
STATE: MA	ZIP CODE: 01720
OF LICENSE: Resta	urant CATEGORY: All Alcohol
SITE AND ENTER YOUR EMA	IL ADDRESS
ES:	
N ENTITLED "COM	ONSET PATH AND WAY KNOWN MMUNITY CONCEPTS CORP SITE ANS ENTITLED BOREL
f perjury that:	
e same type for the sa	ame premises now licensed;
ll laws of the Commo	onwealth relating to taxes; and
usiness (If not explain	n below)
r Authorized Corpora	ate Officer
r Authorized Corpora	ate Officer
r Authorized Corpora NUMBER:	employer identification number:
NUMBER: n possession (1) the ector and the head e	EMPLOYER IDENTIFICATION NUMBER:
NUMBER: n possession (1) the ector and the head e	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) certificate required by Chapter 304 of the of the fire department for the above
NUMBER: n possession (1) the ector and the head e	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
NUMBER: n possession (1) the ector and the head e	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
	STATE: MA E OF LICENSE: Resta SITE AND ENTER YOUR EMA ES: AT RD BETWEEN NO AN ENTITLED "CON AS SHOWN ON PLA of perjury that: he same type for the same



www.mass.gov/abcc

LICENSE NUMBER: 0	00600003		CITY OR TOWN ACTON	
APPLICATION FOR R	ENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: A	ACTON SEAFOOD	SALES, INC		
DOING BUSINESS A	ATLANTIC SEA	GRILL		
ADDRESS 77 GREAT	RD.			
CITY/TOWN: ACTO	N	STATE: MA	ZIP CODE: 01720	
	RAFATAIN, TYPI ERINE B	E OF LICENSE:Re	estaurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:				
PLE	EASE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LIG				
TWO STORY BLDG. KITCHEN,MARKET A			RST FLOOR WHICH INCLU	DES A
I hereby certify and swe	ar under penalties o	of perjury that:		
1. the renewed	license will be of th	ne same type for the	e same premises now licensed;	
2. the licensee	has complied with a	all laws of the Com	monwealth relating to taxes; an	d
3. the premises	are now open for b	ousiness (If not expl	ain below)	
SIGNED BY				
Ι	ndividual, Partner of	or Authorized Corp	orate Officer	
DATE:			EMBLOVED IDENTIFIC	LATION NUMBER
DATE.	TELEPHONE	NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Social	
				•
Acts of 2004, signed b	y the building insp	pector and the hea	ne certificate required by Cha d of the fire department for t urance required by Chapter 1	he above
Please Check Below:			LOCAL LICENSBIG AUT	
APPROVED:			LOCAL LICENSING AUT By:	HORITY
DISAPPROVED:	l		Dy.	
(If disapproved explain))			
DATE:				



www.mass.gov/abcc

LICENSE NUMBER: 00060	00005	(CITY OR TOWN	ACTON	
APPLICATION FOR RENE	EWAL: A	nnual	LICEN	ISED FOR 20	013
	C	CLASS			YEAR
LICENSEE NAME: GERA DOING BUSINESS A ADDRESS 416 GREAT RD					
CITY/TOWN: ACTON	STAT	E: MA	ZIP CODE:	01720	
MANAGER:	TYPE OF LIC	CENSE: Resta	urant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE A	LSO VISIT OUR WEBSITE AND E	NTER YOUR EMA	IL ADDRESS		ı
DESCRIPTION OF LICENS	SED PREMISES:				
2 FLRS;3 ROOMS ON 2ND SCHEME B PRESENTED I CLOSED OFF BY LOCKEI CELLAR USED FOR STOR	BY THE APPLICANT D DOOR SO NO ACCI	AND STAIR	WAY TO SECO	ND FLR MU	ST BE
I hereby certify and swear ur	nder penalties of perjury	y that:			
	nse will be of the same t	• •	1		
	complied with all laws o		_	to taxes; and	
3. the premises are i	now open for business (If not explain	ı below)		
SIGNED BY Indivi	idual, Partner or Author	rized Corpora	ate Officer		
DATE:	TELEPHONE NUMBI	ER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:
			(Note: NOT In	dividual Social S	ecurity Number)
We the undersigned, attest Acts of 2004, signed by the named license and (2) the of 2010.	e building inspector an	nd the head o	of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



www.mass.gov/abcc

LICENSE NUMBER: 000600006		CITY OR TOWN ACTON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: ACTON JAZZ CAFE DOING BUSINESS A THE ACTON JAZZ		
ADDRESS 452 GREAT RD.		
CITY/TOWN: ACTON	STATE: MA	ZIP CODE: 01720
MANAGER: VIVIAN, GWENNN TYPE	OF LICENSE: Res	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBS DESCRIPTION OF LICENSED PREMISE		AIL ADDRESS
1929 SQ FT OF RESTAURANT AND STO HANDICAPPED ACCESSABLE RESTRO OTHER EXITS. OFFICE AND STORAGE AS COLLEGE MALL. ALL ON ONE FLO	OMS. 20 SEAT PA IN REAR. LOCAT	ATIO, ONE ENT/EXIT AT FRONT, 2
I hereby certify and swear under penalties of		
1. the renewed license will be of the	• •	•
2. the licensee has complied with al3. the premises are now open for but		_
3. the premises are now open for bu	isiness (II not expia	in below)
SIGNED BY Individual, Partner or	· Authorized Corpor	rate Officer
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building inspe	ector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(pp-0 : 00 0::prain)		
DATE:		



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000600008		CITY OR TOWN ACTON	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	13
	CLASS	<u>y</u>	YEAR
LICENSEE NAME: MAKAHA, INC			
DOING BUSINESS A MAKAHA			
ADDRESS 255 GREAT ROAD			
CITY/TOWN: ACTON	STATE: MA	ZIP CODE: 01720	
MANAGER: CHENG, TYP RAYMOND	PE OF LICENSE: Rest	aurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS			
ONE FLOOR IN ONE STORY MASONE ROOM,LOUNGE,ELEVATED STORAC RD,REAR SERVICE ENTRANCE AND	GE AREA. FRONT E	NTRANCE FACING GREAT	
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of t	* *	•	
2. the licensee has complied with		<u>-</u>	
3. the premises are now open for	business (If not explain	n below)	
aranes su			
SIGNED BY Individual, Partner	or Authorized Corpor	rate Officer	
			1
DATE: TELEPHONI	E NUMBER:	EMPLOYER IDENTIFICATION	ON NUMBER:
1 2221 1101 1		(Note: NOT Individual Social Se	curity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head	of the fire department for the a	above
Please Check Below:		LOCAL LICENSING AUTHO	RITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(ii disappioved expiain)			
			
DATE:			



www.mass.gov/abcc

LICENSE NUMBER: 000600009		CITY OR TOWN ACTON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: SAHAPANIT	Γ CORP.	
DOING BUSINESS A BENJARO	NG RESTAURANT	
ADDRESS 214 MAIN ST.		
CITY/TOWN: ACTON	STATE: MA	ZIP CODE: 01720
MANAGER: HORMWARN, WASANT	TYPE OF LICENSE: Res	ctaurant CATEGORY: All Alcoho
EMAIL ADDRESS:		
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS
DESCRIPTION OF LICENSED PR	REMISES:	
	AND LOUNGE, TWO EN	NG APPROX 40X55' INCLUDING NTRANCES AND EXITS, ONE IN NING ROOM
I hereby certify and swear under per	nalties of perjury that:	
1. the renewed license will	be of the same type for the	same premises now licensed;
2. the licensee has complied	d with all laws of the Comm	nonwealth relating to taxes; and
3. the premises are now ope	en for business (If not expla	nin below)
SIGNED BY Individual, P	Partner or Authorized Corpo	orate Officer
111011120001, 1	artifer of Flathorized Corpo.	THE Officer
DATE: TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER
12021	TIOT (E TYOMBER.	(Note: NOT Individual Social Security Number
Acts of 2004, signed by the buildi	ing inspector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		
DATE.		



www.mass.gov/abcc

LICENSE NUMBER: 000600011		CITY OR TOWN ACTON		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013	
	CLASS		YEAR	
LICENSEE NAME: JAMAN CORPORATE DOING BUSINESS A CROSSROADS ADDRESS 405 NACOG SOLVARE	ΓΙΟΝ			
ADDRESS 405 NAGOG SQUARE		ZID CODE 01720		
CITY/TOWN: ACTON	STATE: MA	ZIP CODE: 01720		
MANAGER: MANNING, JOHN TYPE J.	OF LICENSE: Res	taurant CATEGORY	Y: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBS		IAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISE				
4000 SQ FT CONTAINING KITCHEN,LO & EXIT AT SIDE OF BLDG. THE SAME DELIVERY.			NTRANCE	
I hereby certify and swear under penalties of	f perjury that:			
1. the renewed license will be of the	e same type for the	same premises now licensed;		
2. the licensee has complied with al	l laws of the Comn	nonwealth relating to taxes; an	d	
3. the premises are now open for bu	siness (If not expla	in below)		
SIGNED BY Individual, Partner or	· Authorized Corpo	rate Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
		(Note: NOT Individual Social	al Security Number)	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of lie of 2010.	ector and the head	of the fire department for t	he above	
Please Check Below:		LOCAL LICENSING AUT	HORITY	
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 000600013		CITY OR TOWN ACTON	
APPLICATION	FOR RENEWAL	: Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAM	ME: WEST LON	NDON STYLE PEZZA,ING	C.	
DOING BUSINI	ESS A NEW LO	NDON STYLE PIZZA		
ADDRESS 555	MASSACHUSET	CTS AVE.		
CITY/TOWN:	ACTON	STATE: MA	ZIP CODE: 01720	
	CASSIANI N. BOTTOS	TYPE OF LICENSE:R	estaurant CATEGORY:	: Wine and Malt Regular
EMAIL ADDRE	ESS:			
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	OF LICENSED F			
FRONT ENTRA IN BACK	NCE, DINING A	ND TAKE OUT AREA IN	N FRONT, KITCHEN AND RES	TROOMS
I hereby certify a	and swear under p	enalties of perjury that:		
1. the re	enewed license wil	ll be of the same type for th	ne same premises now licensed;	
2. the lie	censee has compli	ed with all laws of the Con	nmonwealth relating to taxes; and	
3. the pr	remises are now o	pen for business (If not exp	plain below)	
SIGNED BY				
	Individual,	Partner or Authorized Corp	porate Officer	
DATE:	TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, si	gned by the build	ding inspector and the hea	he certificate required by Chap ad of the fire department for th surance required by Chapter 11	e above
Please Check Below	<u>":</u>		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	zapiani)			
			-	
DATE:				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 000600014		CITY OR TOWN	ACTON
APPLICATION FOI	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS	TO BE DETERMIN A SPRIGS	NED		
ADDRESS 5 STRAY	WBERRY HILL RD			
CITY/TOWN: ACT	ΓΟΝ	STATE: MA	ZIP CODE:	01720
MANAGER: SER	VEY, MARTHATYP	E OF LICENSE: Re	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS	
ONE STORY BUIL	LICENSED PREMIS DING WITH FOUR I RAWBERRY HILL	DINING RMS.,KIT	CCHEN AND STORA	AGE AREA WITH
 the renew the licens 	wear under penalties red license will be of t ee has complied with ses are now open for l	he same type for th all laws of the Com	nmonwealth relating t	
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer	
DATE:	TELEPHONI	E NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, signed	d by the building ins	pector and the hea	nd of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:000600015		CITY OR TOWN	ACTON	
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 87 GREA	AT ROAD				
CITY/TOWN: ACT	ON	STATE: MA	ZIP CODE:	01720	
MANAGER: BUSE C.	H, TIMOTHY TYPI	E OF LICENSE:Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMISI	ES:			
EXISTING FIRST FI SALES, OFFICE, RE STORAGE ONLY. P ONLYNOT OPEN	CCEIVING AND STO PROPOSED ADDITION	RAGESECON F	LOOR OF 23 X 91,	CONSISTING	G OF
I hereby certify and s	wear under penalties o	of perjury that:			
1. the renewe	ed license will be of the	ne same type for the	same premises now	licensed;	
2. the license	e has complied with a	all laws of the Com	monwealth relating to	taxes; and	
3. the premis	es are now open for b	ousiness (If not expl	ain below)		
SIGNED BY	Individual, Partner of	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: NOT Indi	IDENTIFICATI	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENS: By:	ING AUTHO	ORITY
DATE:					



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 000600016		CITY OR TOWN	ACTON	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	LIQUOR OUTLET	INC			
DOING BUSINESS	A ACTON WINE &	SPIRIT CO,			
ADDRESS 305 MA	IN ST				
CITY/TOWN: AC	ΓΟΝ	STATE: MA	ZIP CODE:	01720	
	TLER, TYP PHEN	PE OF LICENSE:Pa	ckage Store CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	ES:			
BRICK BLOCK AN SPACE.	ID STEEL CONSTRU	JCTION WITH RE	STAIL AND STORA	AGE AND OFFICE	
I hereby certify and s	swear under penalties	of perjury that:			
1. the renew	ved license will be of t	he same type for the	e same premises now	licensed;	
2. the licens	ee has complied with	all laws of the Com	monwealth relating to	taxes; and	
3. the premi	ses are now open for	business (If not expl	ain below)		
SIGNED BY					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONI	E NUMBER:		IDENTIFICATION NUMBER:	
			(Note: <u>NOT</u> Ind	ividual Social Security Number)	
Please Check Below:			LOCAL LICENS	ING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:			-		
DATE.					



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 000600017		CITY OR TOWN	ACTON
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	WINE-CASK CELLAR	RS,INC.		
DOING BUSINESS	Α			
ADDRESS 100 POV	WDER MILL ROAD			
CITY/TOWN: AC	TON	STATE: MA	ZIP CODE:	01720
MANAGER: ROT PH	OLANTE,RAL TYPE O	F LICENSE: Pac	kage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBSITI	E AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMISES:			
3000 SQ. FT. RECT FRONT.	ANGLE 30 X 100 WALI	KIN COOLER IN	N REAR . CUSTUM	ER ENTRANCE AT
2. the licens	wed license will be of the see has complied with all lises are now open for busi	aws of the Comm	nonwealth relating to	
SIGNED B I	Individual, Partner or A	authorized Corpo	orate Officer	
DATE:	TELEPHONE N	UMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000)600018		CI	TY OR TOWN	ACTON	
APPLICATION FOR RE	NEWAL:	Annua	al	LICE	NSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: RC	LE CORP.					
DOING BUSINESS A L	AST NATIONAL	L WINE CO.				
ADDRESS 18 POWDER	MILL ROAD					
CITY/TOWN: ACTON		STATE:	MA	ZIP CODE:	01720	
MANAGER: PIRO, LE	OP. TYPI	E OF LICENS	SE:Packag	ge Store (CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS	SE ALSO VISIT OUR WEI	BSITE AND ENTER	YOUR EMAIL	ADDRESS		-
DESCRIPTION OF LICE	ENSED PREMIS	ES:				
A FREE STANDING BL 1800 S.F. STORAGE AN						AND
I hereby certify and swear	under penalties	of perjury tha	t:			
1. the renewed li	cense will be of th	he same type	for the san	ne premises no	w licensed;	
2. the licensee ha	s complied with a	all laws of the	Common	wealth relating	to taxes; and	
3. the premises a	re now open for b	ousiness (If no	ot explain	below)		
SIGNED BY						
Inc	dividual, Partner	or Authorized	Corporate	e Officer		
DATE:	TELEPHONE	E NUMBER:			ER IDENTIFICAT	
				(Note: NOT I	ndividual Social S	ecurity Number)
Please Check Below:			I	LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			I	Ву:		
DISAPPROVED:						
(If disapproved explain)			-			
			-			
DATE:			-			



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 000600020		CITY OR TOWN	ACTON	
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: ALBY CORPORA	TION			
DOING BUSIN	NESS A ACTON COUNT	RY CUPBOARD			
ADDRESS 37	MAIN STREET				
CITY/TOWN:	ACTON	STATE: MA	ZIP CODE:	01720	
	BUSCEMI, JANET TYPE.	'E OF LICENSE:Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EN	IAIL ADDRESS		
	N OF LICENSED PREMIS				
	RY BLDG PARALLEL TO		NE ENTRANCE A	ND ONE EX	IT.
-	and swear under penalties			1 1.	
	renewed license will be of the licensee has complied with	* *	•		
	premises are now open for		•	taxes; and	
	premises are now open for	ousiness (if not expir	un below)		
SIGNED BY					
STOT(ED DT	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	E NUMBER:			ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Belo	<u>w:</u>		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	expiaiii)				
DATE:					
DATE:					



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 000600023		CITY OR TOWN	ACTON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
LICENSEE NA DOING BUSIN ADDRESS 465		EKET, INC		
CITY/TOWN:	ACTON	STATE: MA	ZIP CODE:	01720
MANAGER:	RUSSO, ANTHONY J.	TYPE OF LICENSE: Pa	ckage Store CAT	TEGORY: Wine and Malt Regular
EMAIL ADDR	RESS:			
APPROX 3000 I hereby certify 1. the 2. the	N OF LICENSED PRI O SQ FT OF FLOOR S and swear under penarenewed license will b licensee has complied	SALES SPACE AND AP	PROX 800 SF OF STO	censed;
SIGNED BY	Individual, Pa	rtner or Authorized Corp	orate Officer	
DATE:	TELEPI	HONE NUMBER:		DENTIFICATION NUMBER:
Please Check Beld APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSIN	NG AUTHORITY
DATE:				



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	JUU6UUU24		CITY	JK TOWN	ACTON	
APPLICATION FOR I	RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	DONELAN'S SUP	ERMARKETS, I	NC			
DOING BUSINESS A	DONELAN'S SU	PERMARKET				
ADDRESS 248 GREA	T RD					
CITY/TOWN: ACTO	N	STATE: N	IA ZIP	CODE:	01720	
MANAGER: DONE K.	LAN, JOHN TYI	PE OF LICENSE	:Package Sto	ore C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR W	EBSITE AND ENTER YO	UR EMAIL ADDR	ESS		_
DESCRIPTION OF LI						
RETAIL SUPERMAR DOORS AND AN EM REAR						
I hereby certify and swe	ear under penalties	of perjury that:				
1. the renewed	l license will be of	the same type for	the same pr	emises now	licensed;	
2. the licensee	has complied with	all laws of the C	ommonweal	th relating t	to taxes; and	
3. the premises	s are now open for	business (If not e	explain below	v)		
SIGNED BY			0.00			
	Individual, Partner	or Authorized C	orporate Off	ıcer		
DATE:			L			**************************************
DATE.	TELEPHON	E NUMBER:	(N			TION NUMBER: ecurity Number)
			· ·			,
Please Check Below: APPROVED:				AL LICENS	SING AUTHO	ORITY
DISAPPROVED:			By:			
(If disapproved explain	<u>.</u>)					
DATE:						



www.mass.gov/abcc

LICENSE NUMBE	CR: 000600026		CITY OR TOWN	ACTON	
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: Pagren, LLC				
DOING BUSINESS	S A Red White a	nd Brew			
ADDRESS 578 Ma	ass Ave				
CITY/TOWN: AC	CTON	STATE: MA	ZIP CODE:	01720	
MANAGER: Pag	ano, Phillip	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS		<u>-</u>
DESCRIPTION OF	F LICENSED PRI	EMISES:			
two entrances, offic	e and restroom w	ith deliveries in the rear			
I hereby certify and	swear under pena	alties of perjury that:			
1. the renev	wed license will b	e of the same type for the	e same premises now	licensed;	
2. the licen	see has complied	with all laws of the Com	monwealth relating to	o taxes; and	
	=	n for business (If not exp	=		
SIGNED BY					
SIGNED B I	Individual, Pa	rtner or Authorized Corp	orate Officer		
DATE:	TEI EDI	HONE NUMBER:	EMPLOYER	R IDENTIFICAT	TION NUMBER:
	TEELT	TONE WOMBER.	(Note: NOT Ind	lividual Social S	Security Number)
Please Check Below:	1		LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved exp	loin)				
(II disapproved exp	iaiii)				
DATE:			-		
APPLICATION FOR RENE	EWAL MUST BE FILED	BY LICENSEES DURING THE M	MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16	6A)



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 00	00600027		C.	пто	K IOV	VIN	ACTON		
APPLICATION FOR RI	ENEWAL:	Annua	ıl		LIC	CENS	SED FOR	20	13
		CLAS	S					3	YEAR
LICENSEE NAME: CO	ONCORD ACTON	SQUASH C	LUB, IN	C.					
DOING BUSINESS A	CONCORD ACTON	SQUASH	CLUB, I	NC					
ADDRESS 29 KNOX T	RAIL								
CITY/TOWN: ACTON	1	STATE:	MA	ZIP	CODE	:	01720		
MANAGER: HODGE WAYNE		OF LICENS	SE:Gener premis			CA	TEGOR	Y:	Wine and Malt Regular
EMAIL ADDRESS:									
DESCRIPTION OF LIC	SE ALSO VISIT OUR WEBST ENSED PREMISES		YOUR EMAII	L ADDRE	SS				
2. the licensee h	ar under penalties of icense will be of the as complied with all are now open for bus	same type f laws of the	or the sar	wealt	n relati			nd	
SIGNED BY	ndividual, Partner or	Authorized	Corporat	e Offi	cer				
DATE:	TELEPHONE N	NUMBER:		(No					ON NUMBER: curity Number)
We the undersigned, at Acts of 2004, signed by named license and (2) to of 2010.	the building inspe	ctor and th	e head of	f the fi	re dep	artn	ent for t	he a	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				LOCA By:	L LICI	ENS	ING AUT	ТНО	RITY
DATE:									



www.mass.gov/abcc

LICENSE NUMBER: 0006	000029	CH	Y OK TOWN	ACTON	
APPLICATION FOR REN	EWAL: Ann	ıual	LICENS	SED FOR 20	013
	CLA	ASS			YEAR
LICENSEE NAME: ROS	E J. SALA				
DOING BUSINESS A					
ADDRESS 251 ARLINGT	ON STREET				
CITY/TOWN: ACTON	STATE:	MA 2	ZIP CODE:	01720	
MANAGER:	TYPE OF LICE	NSE: Restaura	nt CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR WEBSITE AND ENTI	ER YOUR EMAIL AI	DDRESS		1
DESCRIPTION OF LICEN	ISED PREMISES:				
SMALL DELI WITH 2 PA MENS AND LADIES ROO		LOCATED IN	NWE ST ACT	ON VICCAC	SE,
3. the premises are SIGNED BY	complied with all laws of the now open for business (If a vidual, Partner or Authorized)	not explain be	low)	o taxes; and	
D. A.TTE					
DATE:	TELEPHONE NUMBER		EMPLOYER (Note: NOT Ind		ION NUMBER:
			(Note: NOT IIII	ividuai sociai si	ecurity Number)
Acts of 2004, signed by th	st that we are in possessione building inspector and ecertificate of liquor liabi	the head of th	ne fire departr	nent for the	above
Please Check Below:		LC	CAL LICENS	ING AUTHO	ORITY
APPROVED:		Ву	:		
DISAPPROVED:					
(If disapproved explain)					
DATE:		_			



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 00060)0031	(CITY OR TOV	VN ACTON	
APPLICATION FOR RENE	EWAL:	Annual	LIC	ENSED FOR 20	013
	(CLASS			YEAR
LICENSEE NAME: BICK	FORD'S FAMILY RE	STAURANT	S, INC.		
DOING BUSINESS A BIC	KFORD'S FAMILY R	ESTAURAN	TS		
ADDRESS 20 NAGOG PA	RK				
CITY/TOWN: ACTON	STA	ΓE: MA	ZIP CODE	: 01720	
MANAGER: MISSIER, A	MY TYPE OF LIC	CENSE: Resta	nurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE A	LSO VISIT OUR WEBSITE AND	ENTER YOUR EMA	IL ADDRESS		_
DESCRIPTION OF LICEN					
ONE STORY WOOD FRAI ONE MAIN ENTRANCE O					ICE,
	1 12 6	.1 .			
I hereby certify and swear un	nder penalties of perjurnse will be of the same	-	ame nremises i	now licensed:	
	complied with all laws of	• •	•		
	now open for business			8	
SIGNED BY					
Indiv	idual, Partner or Autho	rized Corpora	ate Officer		
DATE.					
DATE:	TELEPHONE NUMB	ER:		YER IDENTIFICAT Individual Social S	
			(· · · · · · <u>- · · · · · · · · · · · · </u>	_ marriadar sociar s	reality (valides)
We the undersigned, attes Acts of 2004, signed by the					
named license and (2) the					
of 2010.					
Please Check Below:			LOCAL LICI	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain)					
(II disupprovou explain)					
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000600033	(CITY OR TOWN ACTON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: INDOOR SPO DOING BUSINESS A OVERTIME		
ADDRESS 30 GREAT RD		
CITY/TOWN: ACTON	STATE: MA	ZIP CODE: 01720
MANAGER: MILHOMME, CATHERINE	TYPE OF LICENSE: Resta	urant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS
DESCRIPTION OF LICENSED PR		
ONE ROOM WITH SMALL PREP AND ENTRANCE AND ONE EME		OLER. TWO BATHS, ONE EXIT
3. the premises are now ope		
DATE: TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	ng inspector and the head o	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000600034		CITY OR TOWN	ACTON	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: QUAIL RID	GE COUNTRY CLUB,LL	C		
DOING BUSINESS A QUAIL RI	DGE COUNTRY CLUB			
ADDRESS SKYLINE DRIVE				
CITY/TOWN: ACTON	STATE: MA	ZIP CODE:	01720	
MANAGER: SHEA, JENNIFER	TYPE OF LICENSE: Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT DESCRIPTION OF LICENSED PLEASE PROPERTY CENTER I hereby certify and swear under period of the renewed license will a second of the premises are now open signed by the premises are now open si	nalties of perjury that: be of the same type for the ed with all laws of the Com	e same premises now monwealth relating to		
	Partner or Authorized Corp	orate Officer		
DATE: TELE	PHONE NUMBER:	EMPLOYER (Note: NOT Ind		ION NUMBER:
We the undersigned, attest that vacts of 2004, signed by the build named license and (2) the certific of 2010.	ing inspector and the hea	d of the fire departn	nent for the	above
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENS By:	ING AUTHO	ORITY
(If disapproved explain)				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000600036		CITY OR TOWN AC	TON
APPLICATION FOR RENEWAL:	Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: NOT YOUR	AVERAGE JOE'S , INC		
DOING BUSINESS A NOT YOUR	A AVERAGE JOE'S		
ADDRESS 291 MAIN ST			
CITY/TOWN: ACTON	STATE: MA	ZIP CODE: 01	720
MANAGER: DeLONG, LISA	TYPE OF LICENSE: Rest	aurant CATEO	GORY: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PR APPROX 6103 SQ FT, STORE #30 I hereby certify and swear under pen 1. the renewed license will b 2. the licensee has complied 3. the premises are now ope	alties of perjury that: be of the same type for the solution with all laws of the Comm	ame premises now licer onwealth relating to taxon below)	
DATE: TELEP	HONE NUMBER:		NTIFICATION NUMBER:
We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certification of 2010.	ng inspector and the head	of the fire department	for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING By:	AUTHORITY
DATE:			



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 000600037		CITY OR IC	JWN ACTON	
APPLICATION FO	R RENEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SALERNO'S RE	ST.,INC.			
DOING BUSINESS	A SORRENTO'S	PIZZERIA			
ADDRESS 251 MA	IN STREET				
CITY/TOWN: AC	TON	STATE: MA	ZIP COD	DE: 01720	
MANAGER: BAS MOI	SAL, T HAMMED	YPE OF LICENSE: F	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF		WEBSITE AND ENTER YOUR ISES:	R EMAIL ADDRESS		
2. the licens	see has complied wi	of the same type for the content all laws of the Content or business (If not extent or Authorized Content or Authorized Content of the conten	mmonwealth rela		
Acts of 2004, signe	ed, attest that we a	ONE NUMBER: re in possession (1) inspector and the he	(Note: <u>Note</u> the certificate read of the fire do	epartment for the	Security Number) ser 304 of the above
named license and of 2010.	(2) the certificate	of liquor liability in	surance require	ed by Chapter 116	of the Acts
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LIGHT	CENSING AUTH	ORITY
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 000600038		CITY O	R TOWN	ACTON	
APPLICATION I	FOR RENEWAL:	Annual		LICE	NSED FOR	2013
		CLASS				YEAR
LICENSEE NAM	IE: JAGDEEP C	CORPORATION				
DOING BUSINE	SS A MONSOO	N				
ADDRESS 273 C	GREAT RD					
CITY/TOWN: A	ACTON	STATE: MA	ZIP	CODE:	01720	
	UHANIA, ARINDER S.	TYPE OF LICENSE: Res	staurant	(CATEGORY	Y: All Alcohol
EMAIL ADDRES	SS:					
		OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRE	SS		
	OF LICENSED PI NG ROOM, BAR	REMISES: 2, COAT ROOM, FRONT A	AND REA	AR ENTR	ANCES FR	OM
SIGNED BY		en for business (If not explanation) Partner or Authorized Corpo				
DATE:	TELEI	PHONE NUMBER:	(No			ATION NUMBER:
Acts of 2004, sig	ned by the build	we are in possession (1) the ing inspector and the head cate of liquor liability insu	d of the f	ire depar	tment for tl	he above
Please Check Below: APPROVED: DISAPPROVED (If disapproved ex			LOCA By:	L LICEN	ISING AUT	HORITY
DATE:						



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:000600039		CITY OR TOWN	ACTON	
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	BELLA FAMIGLIA	A,INC.			
DOING BUSINESS	A BELLA FAMIGL	IA,INC.			
ADDRESS 59 GREA	AT ROAD				
CITY/TOWN: ACT	ON	STATE: MA	ZIP CODE:	01720	
MANAGER: MOT	ZI,JOSEPH J. TYP	E OF LICENSE: Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	MAIL ADDRESS		J
DESCRIPTION OF I	LICENSED PREMIS	ES:			
3,023 SQ. FT FREE SPATIO.	STANDING BLDG V	WITH 3 EXITS AN	D SMALL OUTSII	DE FENCED	IN
I hereby certify and s	wear under penalties	of perjury that:			
1. the renewe	ed license will be of the	he same type for the	e same premises nov	licensed;	
2. the license	e has complied with	all laws of the Com	monwealth relating	to taxes; and	
3. the premis	es are now open for b	ousiness (If not exp	ain below)		
SIGNED BY					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:			TON NUMBER:
			(Note: NOT In	dividual Social S	ecurity Number)
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building insp	pector and the hea	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
			-		
DATE:					
D.111 L.					



www.mass.gov/abcc

	CITY OR TOWN ACTON	
.: Annual	LICENSED FOR 2	2013
CLASS		YEAR
DAD PUB & GRILLE INC.		
ROAD PUB & GRILLE		
STATE: MA	ZIP CODE: 01720	
TYPE OF LICENSE: Re	staurant CATEGORY:	All Alcohol
SIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	RANTCES IN FRONT AND R	EAR
enalties of perjury that:		
ll be of the same type for the	same premises now licensed;	
ied with all laws of the Com	nonwealth relating to taxes; and	
pen for business (If not expl	ain below)	
Partner or Authorized Corpo	orate Officer	
EPHONE NUMBER:		
	(Note: NOT Individual Social	Security Number)
ding inspector and the head	d of the fire department for the	e above
	LOCAL LICENSING AUTH	IORITY
	By:	
	CLASS DAD PUB & GRILLE INC. ROAD PUB & GRILLE STATE: MA TYPE OF LICENSE: Reserved to the state of perjury that: If the same type for the state with all laws of the Composite of the state of the stat	CLASS CAD PUB & GRILLE INC. ROAD PUB & GRILLE STATE: MA ZIP CODE: 01720 TYPE OF LICENSE: Restaurant CATEGORY: TYPE OF LICENSE: Restaurant CATEGORY: ET OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS PREMISES: E IN A STRIP MALL, ENSTRANTCES IN FRONT AND R TCHEN SPACE. TO the same type for the same premises now licensed; and the same type for the same premises now licensed; and the same type for business (If not explain below) Partner or Authorized Corporate Officer EPHONE NUMBER: EMPLOYER IDENTIFICA (Note: NOT Individual Social) we are in possession (1) the certificate required by Chapding inspector and the head of the fire department for the licate of liquor liability insurance required by Chapter 11 LOCAL LICENSING AUTHORS



www.mass.gov/abcc

LICENSE NUMBER: 00	00600041		CITY OR TO	WN ACTON	
APPLICATION FOR RENEWAL:		Annual LICENSED FOR 2013			013
		CLASS			YEAR
LICENSEE NAME: A DOING BUSINESS A ADDRESS 257 MAIN 5		OME ENTERPR	SES INC.		
CITY/TOWN: ACTON	J	STATE: MA	ZIP COD	E: 01720	
MANAGER: SUNDB LINDSE	· · · · · · · · · · · · · · · · · · ·	OF LICENSE: Re	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		_
FAMILY ENTERTAIN FOOD SERVICE AND STREET AND THROU	MENT CENTER W FUNCTION ROOM GH FUNCTION RO	ITH SIXTEEN L I14000 SQ FT OOM			
2. the licensee h	ar under penalties of license will be of the nas complied with all are now open for bus	same type for the laws of the Com	monwealth relat		
SIGNED BY	ndividual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	NUMBER:		OYER IDENTIFICA' OT Individual Social S	
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building inspe	ctor and the hea	d of the fire de	partment for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LIC	CENSING AUTH	ORITY
DATE:					



www.mass.gov/abcc

LICENSE NUMBI	ER: 000600042		CITY OR TOWN ACTON	
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME	E: JULIE'S ENTERP	RISES,LLC		
DOING BUSINES	S A JULIES PLACE			
ADDRESS 208A	MAIN STREET			
CITY/TOWN: AC	CTON	STATE: MA	ZIP CODE: 01720	
MANAGER: SA AN	GANICH,JULIE TY IN	PE OF LICENSE: Res	ctaurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EN	IAIL ADDRESS	
	F LICENSED PREMI			
2,000 SQ.FT. GRC EMERGENCY AC		URANT WITH TWO	O SEPARATE ENTANCES A	ND AN
I hereby certify and	l swear under penalties	s of perjury that:		
1. the rene	wed license will be of	the same type for the	same premises now licensed;	
2. the licer	nsee has complied with	all laws of the Comn	nonwealth relating to taxes; and	d
3. the pren	nises are now open for	business (If not expla	nin below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	il Security Number)
Acts of 2004, sign	ed by the building in	spector and the head	e certificate required by Cha l of the fire department for the rance required by Chapter 1	he above
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED:	10:00			
(If disapproved exp	naiii)			
				
DATE:				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 000600043		CITY OR TOWN	ACTON	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: HONG AN				
DOING BUSINESS A SPICEPEPPE	ER GARDEN			
ADDRESS 36 GREAT ROAD				
CITY/TOWN: ACTON	STATE: MA	ZIP CODE:	01720	
MANAGER: AN, HONG	TYPE OF LICENSE: Rest	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PRE RESTAURANT BUILDING, BAR, I I hereby certify and swear under pena 1. the renewed license will be 2. the licensee has complied 3. the premises are now open SIGNED BY	EXITS AND RESTROOM alties of perjury that: e of the same type for the s with all laws of the Comme	ame premises now onwealth relating to n below)		
DATE: TELEPH	HONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the head	of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



www.mass.gov/abcc

LICENSE NU	MBER: 000600044		CITY OR TOWN AC	TON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: BEYOND B	ORDER TEX-MEX RESA	URANT, INC	
DOING BUSI	NESS A BEYOND	THE BORDER		
ADDRESS 10	3 NAGOG PARK			
CITY/TOWN:	ACTON	STATE: MA	ZIP CODE: 01	720
MANAGER:	NOGUEIRA, JOSELY	TYPE OF LICENSE: Re	staurant CATE	GORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED P			
3,400 SQ/FT. I OFICE AND I		NT, ENTRANCE, LOBBY	, DINER SEATING, RES	ST ROOMS,
I hereby certify	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	e same premises now licer	nsed;
2. the	licensee has complie	ed with all laws of the Com	monwealth relating to tax	es; and
3. the	premises are now op	en for business (If not expl	ain below)	
SIGNED BY				
	Individual, F	Partner or Authorized Corp	orate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDEN	NTIFICATION NUMBER:
			(Note: NOT Individua	al Social Security Number)
Acts of 2004,	signed by the build	we are in possession (1) thing inspector and the headate of liquor liability insu	d of the fire department	for the above
Please Check Belo	ow:		LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	1 explain)			
DATE:			-	<u> </u>